

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 2269-2818.1US (1992-0399.01/RE)
<p>I hereby declare that:</p> <p>My residence, mailing address and citizenship are stated below.</p> <p>The entire title to the patent identified below is vested in Round Rock Investments, LLC.</p>		
Inventor Michael B. Ball	Citizenship U.S.A.	
Residence/Mailing Address 3860 E. Alta, Boise, ID 83716		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number 5,291,061	Date of Patent Issued March 1, 1994	
Title of Invention MULTI-CHIP STACKED DEVICES		
<p>I believe that I am the original, first and sole inventor of the subject matter which is described and claimed in said patent, for which a continuation reissue patent is sought on the invention entitled: MULTI-CHIP STACKED DEVICES.</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>October 21, 1999</u> as reissue application number <u>09/427,123</u> and was amended on <u>October 22, 1999</u>, <u>June 28, 2002</u>, <u>May 27, 2003</u>, <u>May 11, 2009</u>, and in a <u>concurrently filed Amendment</u> (If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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At least one error upon which reissue is based is described as follows:

Independent claim 1 includes limitations on the thickness of various elements, including adhesive layer thicknesses and heights of bond wires. These limitations are believed to render the original patent wholly or partially inoperative because it is believed to be narrower in scope than I had the right to claim in the patent.

All errors corrected in this reissue application arose without any deceptive intention on my part.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number

Correspondence Address: Direct all communications about the application to:

<input checked="" type="checkbox"/> Customer Number	63162
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OR

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)
Michael B. Ball

Signature 	Date 2/24/2010
Address of Assignee 8000 South Federal Way, Mailstop 525, Boise, ID 83707-0006	